MAXIMUS Federal Services

Case Number:	CM15-0040522		
Date Assigned:	03/10/2015	Date of Injury:	11/18/2010
Decision Date:	04/20/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70-year-old male, who sustained an industrial injury on 11/18/2010. Currently he reports significant and worsening, radiating low left back pain. The injured worker was diagnosed with, and/or impressions were noted to include, lumbar radiculopathy; multi-level lumbar disc disease; lumbar facet arthropathy; and lumbar spinal stenosis, at lumbar-2-3 and lumbar 5-sacral 1. Treatments to date have included consultations, diagnostic magnetic resonance imaging of the lumbar spine (3/27/13); lumbar epidural steroid injection therapy (2/2/15); physical therapy; chiropractic treatments; and medication management. The history notes an approximate 25-year-old lumbar fusion, and that this current industrial jury, was to the left low back, that his persistent pain is very functionally limiting, and that his previous epidural steroid injection provided > 50% relief for > 6-8 weeks. It is noted that this injured worker is currently working, as of 9/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Transforaminal epidural steroid injection at left L2-L3 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with LEFT low back pain radiating to LEFT lower extremity. The request is for TRANSFORAMINAL EPIDURAL STEROID INJECTION AT LEFT L2-L3 AND L5-S1. The request for authorization is post UR dated 03/02/15. He reports numbness and tingling in association with the pain. He has undergone previous lumbar epidural steroid injection with [redacted] with benefit. Lumbar range of motion is limited to extension, with pain. Straight leg raise test is positive on the LEFT and on the RIGHT. Sensation is decreased over the LEFT L5 dermatomal distribution. Patient's medications include Norco, Flexeril and Lidoderm patch. The patient's work status is not provided.MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.- In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year."Per progress report dated, 02/02/15, treater's reason for the request is "to attempt to address the patient's lumbar radicular symtoms." In this case, radiculopathy is documented by physical examination in-patient by positive straight leg raise test in progress reports from 09/12/14 to 02/02/15. Additionally, MRI of the lumbar spine, 03/27/13, shows moderate foraminal narrowing and mild central canal stenosis, at L2-3 and L5-S1. Furthermore, the patient obtained good benefit from previous injection with greater than 50% reduction in pain for more than 6-8 weeks. Therefore, the request IS medically necessary.